Oral Health Assessment/Waiver Request Form

California law, *Education Code* Section 49452.8, now requires that your child have an oral health assessment by May 31 in kindergarten or first grade, whichever is his or her first year of public school. The law specifies that the assessment must be performed by a licensed dentist or other licensed or registered dental health professional. Oral health assessments that have happened within the 12 months before your child enters school also meet this requirement. If you cannot take your child for this assessment, you may be excused from this requirement by filling out Section 3 of this form.

Section 1 To be completed by the parent or guardian

Child's First Name:	Last Name:	Middle Initial:	Child's birth date:
Address:		<u> </u>	Apt.:
City:		**	ZIP code:
School Name:	Teacher:	Grade:	Child's Gender:
Parent/Guardian Name:	□ Asian □	nicity: Black/African American American Indian ian/Pacific Islander	□ Hispanic/Latino □ Alaska Native □ Multi-racial

Section 2 Oral Health Data Collection To be completed by the dental professional conducting the assessment

Assessment Date:	Visible caries and/or fillings present: □ Yes □ No	<u>Visible caries present:</u> □ Yes □ No	Treatment Urgency: □ No obvious problem found □ Early dental care recommended □ Urgent care peoded
	□ NO		□ Urgent care needed

Dental professional's signature

Date

Return this form to the school by May 31

Original to be retained in child's school record.